

A Comparative Analysis of Cognitive Behavioral Therapy (CBT) and Cognitive Behavioral Therapy for Healing (CBT-H): Approaches, Techniques and Impact

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Abstract

Cognitive Behavioral Therapy (CBT) is a well-established therapeutic approach that focuses on modifying dysfunctional thoughts, behaviors, and emotions. Over the years, Cognitive Behavioral Therapy for Healing (CBT-H) has emerged as a simplified and more practical adaptation, especially suited for time-limited interventions. This article compares CBT and CBT-H in terms of theoretical foundations, therapeutic techniques, and their respective strengths and weaknesses. CBT is comprehensive and empirically supported, offering structured and long-term solutions, but may be time-intensive. In contrast, CBT-H is designed for quick and accessible interventions, making it ideal for culturally specific or short-term needs, though it may lack the depth to address chronic or complex psychological issues. Both therapies provide valuable tools for practitioners, with the choice between them depending on the client's specific needs and therapeutic goals.

Keywords: Cognitive Behavioral Therapy (CBT), Cognitive Behavioral Therapy for Healing (CBT-H), Comparison, Differences, Adaptation

Introduction

Cognitive Behavioral Therapy (CBT) is one of the most widely researched and practiced psychotherapeutic approaches, renowned for its effectiveness in treating a wide range of mental health issues, including depression, anxiety, and post-traumatic stress disorder (PTSD). Developed by Dr. Aaron T. Beck in the 1960s, CBT focuses on the interplay between thoughts, emotions, and behaviors, offering a structured and evidence-based framework for addressing psychological disorders (Beck, 1976). Over the decades, it has evolved into a cornerstone of modern psychotherapy, highly regarded for its goal-oriented, time-limited, and empirically supported approach.

Recently, a newer variation of CBT has emerged—Cognitive Behavioral Therapy for Healing (CBT-H). Introduced by Prof. Mohammad Aziz Shah, CBT-H builds upon the foundation laid by CBT but expands it by incorporating additional healing techniques and practical methods designed to make therapy more accessible and effective (Mohamed Arip & Muhammad Tamizi, 2024). CBT-H integrates the core principles of cognitive and behavioral techniques but takes a more holistic approach, addressing both the surface-level psychological issues and deeper emotional wounds through a wide array of cognitive and behavioral strategies.

The rise of CBT-H reflects the growing recognition that while CBT has proven effective for many, some clients require more comprehensive methods that address not only mental health symptoms but also the emotional and psychological traumas that often underlie these conditions. CBT-H aims to streamline the therapeutic process, making it easier for practitioners and clients alike to implement, and focuses on long-term healing rather than just symptom relief.

In this article, we will explore the differences between CBT and CBT-H, focusing on their historical development, theoretical foundations, therapeutic techniques, and their respective strengths and weaknesses. Through this comparison, we aim to offer a clearer understanding of how these two approaches can be utilized to foster mental and emotional well-being, and how practitioners can choose the most appropriate method based on the unique needs of their clients. Cognitive-Behavioral Therapy (CBT) has long been regarded as a cornerstone of modern psychotherapy, offering a structured approach to addressing various psychological issues. However, a new variant, Cognitive-Behavioral Therapy for Healing (CBT-H), has emerged in recent years, aiming to streamline and enhance CBT processes. This article examines the differences between CBT and CBT-H by exploring their backgrounds, theoretical approaches, strengths, and weaknesses.

Theoretical Approaches

CBT operates on the principle that thoughts, emotions, and behaviors are interconnected. Dysfunctional thoughts or cognitive distortions—such as black-and-white thinking or catastrophizing—are central to many psychological issues. CBT helps clients identify, challenge, and reframe these distortions to bring about emotional and behavioral change. The core premise of CBT is that dysfunctional thinking patterns lead to maladaptive behaviors and emotional distress. The therapy aims to help clients become aware of these cognitive distortions and work on changing them through a structured and goal-oriented approach (Cully & Teten, 2008). CBT focuses on:

1. **Identifying Negative Thought Patterns:**
Clients learn to recognize automatic thoughts and beliefs that may be contributing to their psychological distress.
2. **Cognitive Restructuring:**
This involves challenging and replacing negative or irrational thoughts with more balanced, realistic alternatives.
3. **Behavioral Activation:**
Therapists encourage clients to engage in activities that they have been avoiding due to negative emotions, helping to reduce those feelings

CBT-H, while rooted in the same theoretical foundation, introduces a more structured and user-friendly approach to the therapy process. It incorporates additional therapeutic skills that focus on cognitive and behavioral restructuring but also integrates healing components designed to facilitate quicker and deeper emotional recovery. Techniques like psycho-education, journaling, and mindfulness are often utilized in CBT, whereas CBT-H introduces a broader set of strategies, including 95 cognitive and behavioral tasks aimed at not only managing but also healing past traumas and negative life experiences. CBT-H also emphasizes the connection between thoughts, feelings, and behaviors but aims to streamline the therapeutic process (Arip & Tamizi, 2024). CBT-H integrates six core strategies:

1. **Core Thoughts and Distortions:**
Focuses on understanding the core beliefs and 15 common cognitive distortions.
2. **Counselor Skills:**
Enhances the counselor's ability to apply CBT-H techniques effectively.
3. **Six Stages of Psychological Sessions:**
Offers a structured approach to counseling sessions.
4. **Cognitive and Behavioral Techniques:**
Simplifies CBT techniques, making them more accessible to clients in shorter timeframes

Differences between CBT and CBT-H

While both approaches share the same cognitive-behavioral foundation, there are key differences in their methodology and focus. The primary distinction between CBT and CBT-H lies in the complexity, duration, and practicality of their application:

- **Duration and Structure:** CBT typically involves 12 to 20 sessions, whereas CBT-H is designed for shorter, more focused interventions. CBT-H can be implemented in as few as four to eight sessions
- **Practicality:** CBT-H is streamlined to be faster and easier for therapists to learn and apply, making it ideal for time-limited settings. CBT, on the other hand, tends to be more comprehensive and can delve deeper into core beliefs over a longer duration.
- **Approach to Therapy:** CBT is comprehensive and addresses cognitive, emotional, and behavioral factors systematically. CBT-H, while maintaining these elements, offers a more rapid and simplified application of techniques, focusing on immediate cognitive and behavioral change
- **Therapeutic Focus:** CBT is structured, problem-focused, and typically short-term, addressing specific mental health concerns such as depression and anxiety. CBT-H, on the other hand, not only addresses these issues but also emphasizes emotional healing and personal growth. It is more flexible and integrates broader life skills into its framework.
- **Techniques and Tasks:** CBT employs cognitive restructuring, behavioral activation, exposure therapy, and mindfulness practices. CBT-H extends this by offering 95 specific tasks and techniques, allowing for a more tailored approach to individual needs. These include specialized breathing exercises, trauma release methods, and self-care practices.
- **Skill Sets:** CBT-H offers a more extensive array of skills than CBT, including 24 therapeutic skills that focus on building a therapeutic relationship, understanding client trauma, and engaging in self-therapy as part of the healing process.

A more detailed comparison can be seen in Table 1.

Strengths and Weaknesses

When examining the strengths and weaknesses of Cognitive Behavioral Therapy (CBT) and Cognitive Behavioral Therapy for Healing (CBT-H), both approaches offer valuable tools for addressing psychological issues but differ in their application and depth. CBT's strengths lie in its extensive empirical support, structured framework, and ability to equip clients with long-term skills for managing negative thoughts and behaviors. However, it can be time-intensive and challenging for clients with more severe cognitive difficulties. In contrast, CBT-H is designed for faster and more accessible interventions, making it ideal for time-limited or culturally specific contexts. Its main weakness, however, is that its abbreviated nature may not allow for deep exploration of long-standing issues, making it less suitable for complex cases. Thus, while both therapies are effective, their suitability depends on the specific needs of the client and the therapeutic setting. Table 2 described the strengths and weaknesses of CBT and CBT-H more clearly.

Table 2

Strengths and weaknesses of CBT and CBT-H

	CBT	CBT-H
Strength	<p>1. Empirical Support CBT is one of the most researched forms of psychotherapy with extensive evidence supporting its efficacy in treating a wide range of disorders, including depression, anxiety, PTSD, and eating disorders.</p>	<p>1. Efficiency CBT-H is designed to achieve results more quickly than CBT, making it ideal for clients who need short-term interventions.</p>
	<p>2. Structured and Goal-Oriented CBT is highly structured, making it easy for therapists to follow and for clients to understand the treatment process.</p>	<p>2. Ease of Application The structured yet simplified techniques of CBT-H are accessible and can be applied in various settings, from schools to clinical practices</p>
	<p>3. Skill Development Clients gain long term skills in identifying and challenging negative thought patterns, leading to lasting behavioral changes.</p>	<p>3. Cultural relevance CBT-H has been specifically adapted for use by Malaysian counselors, ensuring its cultural relevance in addressing the unique psychological needs of this population.</p>
	<p>4. Cost-effective Short-term, often lasting between 5 to 20 sessions.</p>	<p>4. Customized approach Provides a broader and more flexible range of techniques.</p>

Weakness	<p>1. Time-Intensive Full CBT programs can require a significant time commitment, which may not be feasible for all clients or settings.</p>	<p>1. Time-Intensive Full CBT programs can require a significant time commitment, which may not be feasible for all clients or settings.</p>
	<p>2. Challenging for some clients Clients with lower cognitive functioning or severe psychopathology may find it difficult to engage with the cognitive restructuring elements of CBT.</p>	<p>2. Overwhelming for Some Clients The extensive range of techniques and skills in CBT-H—95 cognitive and behavioral tasks—can be overwhelming for certain clients, particularly those who may already feel emotionally or cognitively overloaded. While CBT’s structured, step-by-step approach makes it accessible for a wide variety of individuals, CBT-H’s broader toolkit could overwhelm clients who prefer simpler or more focused therapeutic methods.</p>
	<p>3. May not address deep-seated emotional trauma or long-standing personal issues.</p>	<p>3. Limited empirical research CBT-H is a new variation of CBT, therefore empirical research is still very limited.</p>

Conclusion

Cognitive Behavioral Therapy (CBT) and its adaptation, Cognitive Behavioral Therapy for Healing (CBT-H), offer valuable tools for addressing mental health issues. While both are grounded in the same theoretical principles, CBT-H offers a more streamlined and culturally adapted approach suitable for time-limited interventions. Both approaches have their strengths and weaknesses, and the choice between CBT and CBT-H ultimately depends on the needs of the client, the setting, and the nature of the psychological issue being addressed. Both remain essential tools in the therapist’s arsenal, offering hope and healing to individuals in need.

Both CBT and CBT-H are grounded in the same theoretical principles, focusing on the interplay between thoughts, emotions, and behaviors. However, CBT-H stands out for its more holistic and healing-oriented approach, which extends beyond problem-solving to address deeper emotional wounds. While CBT remains a highly effective, structured, and evidence-based treatment for a wide array of psychological disorders, CBT-H offers a broader range of tools and techniques that can foster more profound emotional healing. The choice

between the two approaches should be guided by the specific needs and goals of the client, as well as the expertise of the therapist.

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Table 1
Comparison between CBT and CBT-H

	CBT – H	CBT
FOUNDER	Prof. Mohammad Aziz Shah	Dr. Aaron T. Beck
B/GROUND	Cognitive-Behavioral Therapy for Healing (CBT-H) is an approach formulated based on Aaron Beck’s theoretical CBT, also known as Cognitive Behavioral Therapy (CBT). The formulation and development of the CBT-H approach utilizes the CBT approach. CBT is an important approach that needs to be mastered by psychologists, counselors, guides, teachers, parents, mental health advocates, and anyone seeking mental well-	CBT is a psychotherapeutic approach that combines both cognitive and behavioral techniques to address emotional and psychological issues. 1. Behavioral foundation The foundation of CBT emerged from behavioral psychology, particularly the work of Ivan Pavlov, John Watson, and B.F. Skinner. Behavioral theories focused on the role of external

	<p>being. To master CBT more effectively, easily, quickly, and creatively, Mohammad Aziz Shah (2016) introduced the CBT-H approach, a new method for mastering CBT through cognitive and behavioral skills, processes, and techniques organized more effectively. This approach was refined in 2023 with a new name, CBT-H or Cognitive-Behavioral Therapy for Healing. To date, the CBT-H approach has produced thousands of practitioners due to its effective, easy, and practical application in helping processes.</p>	<p>stimuli and learning in shaping human behavior. Early behavioral therapy focused on modifying maladaptive behaviors through conditioning, emphasizing observable actions without considering internal mental states.</p> <p>2. Cognitive revolution Cognitive psychology emerged as a response to the limitations of behaviorism. Psychologists such as Aaron Beck and Albert Ellis introduced the importance of thoughts and beliefs in influencing emotions and behaviors. Aaron Beck, in particular, through his work on depression, developed the concept of automatic negative thoughts and cognitive distortions, which he believed contributed to emotional distress. Albert Ellis' REBT also highlighted the role of irrational beliefs in psychological distress. These cognitive insights marked a significant shift in therapy, focusing on how individuals interpret situations and the impact of their thinking patterns.</p> <p>3. The integration of Cognitive and Behavioral Approaches The formal development of CBT occurred when cognitive and behavioral approaches were integrated, with both focusing on modifying maladaptive thinking and behaviors. Aaron Beck's Cognitive Therapy and Albert Ellis' REBT became foundational to this integration. CBT emphasizes the interaction between thoughts (cognition), feelings (emotion),</p>
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		<p>and behaviors. The approach became structured, goal-oriented, and time-limited, focusing on specific problem areas.</p> <p>4. Growth and Empirical Support</p> <p>Since the 1980s, CBT has grown into one of the most widely used forms of psychotherapy, supported by a large body of empirical evidence. The flexibility and adaptability of CBT have led to the development of many derivative therapies, such as Dialectical Behavior Therapy (DBT) and Mindfulness-Based Cognitive Therapy (MBCT).</p>
<p>THEORETICAL FRAMEWORK</p>	<p>Theoretically, the CBT-H approach integrates Cognitive Therapy and Behavioral Therapy, developed by Aaron T. Beck. Similar to the evolution of Cognitive Behavioral Therapy in the early 1960s, which marked the beginning of the cognitive revolution, CBT-H is an emerging branch that incorporates new application methods and techniques under the cognitive-behavioral classification, widely used in helping relationships and human well-being.</p> <p>The CBT-H approach redefines the understanding of humans as composed of mind and thought, feelings and emotions, as well as physiology and actions. To understand humans, CBT-H elaborates on the relationship between spirit or divine power, the soul (thoughts and emotions), the self (the soul and body forming the self), and humanity (the self and spirit). For CBT-H, the purification of</p>	<p>The theoretical framework is grounded in the idea that thoughts, emotions, and behaviors are interconnected, and that changing maladaptive thoughts can lead to changes in emotions and behaviors. The theory is built upon several core principles:</p> <ol style="list-style-type: none"> 1. Cognitive model 2. Behavioral model 3. Cognitive-Behavioral interaction 4. Core beliefs and Intermediate beliefs 5. Collaborative and Structured approach <p>By helping individuals identify and challenge dysfunctional thoughts and modify maladaptive behaviors, CBT has proven to be an effective therapeutic approach for a wide range of psychological disorders. Its structured and evidence-based</p>

	<p>the soul involves cleansing thoughts and emotions from negative and self-destructive elements.</p> <p>CBT-H also explains the concept of human thought construction, which consists of everyday environments that shape habitual thought patterns. These habitual thoughts form personal belief systems and values. Personal values then solidify into culture and automatic thinking, whether positive or negative.</p> <p>Additionally, CBT-H discusses the cognitive model, which includes core beliefs, intermediate beliefs, and automatic thoughts in understanding human problems.</p> <p>A key element of the CBT-H approach is the exploration and understanding of past or traumatic experiences in relation to current problems and personality. CBT-H also focuses on specific methods and techniques to address clients' traumatic issues.</p> <p>To help clients achieve complete healing, CBT-H connects them to spiritual concepts (divinity) and total surrender to God.</p>	<p>nature has made it a cornerstone of modern psychotherapy.</p>
<p>ROOTS OF PROBLEMS</p>	<p>The root of human problems lies in two fundamental aspects: cognition and behavior. This includes negative thinking patterns and self-destructive thought processes, as well as maladaptive behaviors practiced in the client's life. Therefore, therapist's role in CBT-H is to assist the client in recognizing destructive patterns of thought and behavior. Additionally, CBT-H explains that the underlying cause of problematic thoughts and behaviors is often the result of</p>	<p>CBT is grounded in the idea that dysfunctional automatic thoughts – those that are exaggerated, distorted, or unrealistic – are central to the development and maintenance of psychological disorders. These distorted thinking patterns, known as cognitive distortions, lead individuals to faulty conclusions, exacerbating emotional distress.</p>

	<p>negative life experiences and the failure to extract meaningful lessons or engage in cognitive restructuring.</p>	
<p>LIFE CRISIS, COGNITIVE DISTORTIONS AND MENTAL HEALTH ISSUES</p>	<p>The CBT-H approach explains how uncontrolled life stress can escalate into life crises and conflicts, ultimately leading to cognitive distortions. 15 cognitive distortions that disrupt individuals are explained as follows:</p> <ol style="list-style-type: none"> 1. Failed to Separate Me and Myself 2. Negative Filtering 3. Black and White Thinking 4. Overgeneralization 5. Trust in Mystical Power 6. Magnifying The Negative 7. Personalization 8. Trapped in Sins 9. Blaming 10. Mislabeling 11. Happiness Depends on the Change of Others 12. Should and Must 13. Always Being Right 14. Heaven’s Reward Fallacy 15. Cannot Forget <p>In addition, these 13 mental health issues are also explained, which include:</p> <ol style="list-style-type: none"> 1. Depression 2. Generalized Anxiety Disorder 3. Bipolar Disorder 4. Post-Traumatic Stress Disorder (PTSD) 5. Specific Phobias 6. Social Phobia 7. Schizophrenia 8. Obsessive Compulsive Disorder (OCD) 9. Attention-Deficit Hyperactivity Disorder (ADHD) 	<p>Common cognitive distortions include dichotomous thinking (viewing situations in black and white terms), overgeneralization (drawing broad conclusions from isolated events), and catastrophizing (expecting the worst possible outcome). Underlying these distortions are core beliefs and intermediate beliefs, which shape how individuals perceive and interpret experiences. Core beliefs are deep, rigid ideas about the self, such as “I am unlovable” or “the world is dangerous,” while intermediate beliefs consist of rules or assumptions, such as “I should always please others to be accepted.” These beliefs influence automatic thoughts and, in turn, emotional and behavioral responses, perpetuating the cycle of psychological distress that CBT seeks to break.</p> <p>CBT can help manage mental health conditions, such as depression and anxiety, and emotional concerns, such as coping with grief or stress. CBT can also help manage non-psychological health conditions, such as insomnia and chronic pain. Therapists and psychologists use CBT to treat many mental health conditions, including:</p> <ol style="list-style-type: none"> 1. Depression 2. Anxiety 3. Obsessive compulsive disorder (OCD)

	<p>10. Eating Disorders such as Anorexia and <i>Bulimia</i></p> <p>11. Sleep disorder</p> <p>12. Borderline Personality Disorder (BPD)</p> <p>13. Dissociative identity disorder (DID)</p> <p>CBT-H can be applied by healthy individuals to remain in psychological well-being. However, for individuals who experience low levels of stress, moderate stress and high stress, it is also appropriate to follow a treatment session based on CBT-H in order to become healthier and more well-being. Among the focuses of CBT-H treatment in addition to helping mental health problems are:</p> <ol style="list-style-type: none"> 1. Life stress problem 2. Conflict with yourself 3. Conflict with others. 4. Disturbance of negative past stories. 5. Communication and relationships. 6. Problems at work. 7. Adaptation of life situation 8. Better master new skills. 9. Help others in need. 	<ol style="list-style-type: none"> 4. Post-traumatic stress disorder (PTSD) 5. Attention-deficit/hyperactivity disorder (ADHD) 6. Phobias 7. Personality disorders 8. Eating disorders (bulimia, anorexia or binge eating disorder) 9. Substance use disorder and alcohol use disorder <p>When combined with medication, CBT is useful in treating bipolar disorder and schizophrenia. Studies have shown that CBT is also effective in helping manage:</p> <ol style="list-style-type: none"> 1. Insomnia 2. Fibromyalgia and other causes of chronic pain 3. Chronic fatigue syndrome 4. Migraines 5. Irritable bowel syndrome (IBS) <p>CBT can help people work through everyday challenges and life changes, too.</p> <ol style="list-style-type: none"> 1. Relationship issues 2. Divorce 3. Problems at work 4. Grief 5. Adjusting to a new life situation or medical condition 6. Stress and coping difficulties
<p>THERAPEUTICAL SKILLS</p>	<p>CBT-H employs 24 therapeutical skills; which include:</p> <ol style="list-style-type: none"> 1. Appreciating the Gift of Thought <p>CBT-H therapists</p>	<p>CBT employed several effective skills including:</p> <ol style="list-style-type: none"> 1. Cognitive restructuring/reframing 2. Behavioral activation 3. Exposure therapy

	<p>emphasize the importance of appreciating the mind and thought as the highest gift from God within humans.</p> <p>2. Conducting Assessment and evaluation</p> <p>CBT-H therapists must master theoretical concepts, assessment interviews, and analyze thoughts and behaviors based on CBT-H principles.</p> <p>3. Gathering Client's Pre-Session Information</p> <p>Collecting initial client information or pre-session data is crucial for CBT-H therapists.</p> <p>4. Building a Therapeutic Relationship</p> <p>CBT-H therapists must practice empathy, understanding, genuineness, respect, congruence, and unconditional acceptance, avoiding premature judgments.</p> <p>5. CBT-H Therapists Must Understand CBT and First Conduct Self-Therapy</p> <p>Therapists must develop helpful thought patterns, personal coping skills, and problem-solving orientation before applying CBT to others.</p>	<p>4. Journaling/though records</p> <p>5. Mindfulness</p> <p>6. Problem-solving</p>
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	<p>6. Conducting Scaling in CBT-H</p> <p>The severity of problems in CBT-H is measured on a scale of 1 to 10, with assessments at the start and reevaluation before the end of the session.</p> <p>7. The Therapist's Role as an active CBT-H Expert</p> <p>CBT-H therapists are knowledgeable, skilled, and active in analyzing clients' thoughts, feelings, and behaviors to determine the root of the problem and create a treatment plan.</p> <p>8. Exploring and Reconciling Client's Traumatic Experiences</p> <p>Exploring past trauma is crucial in identifying the root of present issues, with careful and voluntary disclosure by the client before using CBT-H techniques to resolve the trauma.</p> <p>9. Identifying and Focusing on Client Strengths and Protective Factors</p> <p>Recognizing client strengths and protective factors is essential in maintaining their well-being and preventing further deterioration.</p> <p>10. Clear Cognitive Restructuring, Encompassing Thoughts, Feelings, and Behaviors as a Scientific</p>	
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	<p>Experiment</p> <p>CBT-H therapists help clients explore distorted thought schemas and guide them in forming and implementing healthier thought patterns.</p> <p>11. Addressing Mid-Session or Immediate Issues</p> <p>Therapists can interject with reflective comments, show concern for the client's narrative, and ensure clarity on past events before delving into specifics.</p> <p>12. Setting Specific CBT-H Strategies</p> <p>Therapists focus conversations on CBT by asking targeted questions about current issues, past history, and personal strengths, as well as analyzing clients' thoughts, feelings, and behaviors.</p> <p>13. Applying Techniques and Assignments</p> <p>Clients should actively engage in completing tasks rather than relying solely on the therapist for assistance.</p> <p>14. Reviewing Assignments</p> <p>Therapists review homework in every second, third, and subsequent sessions after establishing the therapeutic relationship</p>	
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	<p>and before further exploring the client's issues.</p> <p>15. Monitoring Client Homework in Subsequent Sessions</p> <p>16. Reflection Within Sessions Therapists encourage clients to openly reflect on both the positive and negative aspects of the session.</p> <p>17. Analyzing the Client's Toxic Environment Therapists assist clients in analyzing toxic individuals at different levels of their social environment, including personal, family, work, and community spheres.</p> <p>18. Creating a Client's Family Genogram CBT-H therapists develop a family genogram to understand the client's family mental health history.</p> <p>19. Session Duration, Frequency, and Total Treatment Sessions Session frequency and duration are based on the therapist's expert clinical judgment of the client's condition.</p> <p>20. Session Reporting and Case Formulation Case formulation includes:</p>	
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	<p>a. Summarizing CBT-H understanding of the client's unhelpful thought patterns (thoughts, feelings, behaviors).</p> <p>b. Summarizing the client's history, current issues, strengths, and protective factors.</p> <p>c. Testing new thought patterns through CBT-H experiments.</p> <p>d. Outlining the treatment plan and techniques based on CBT-H.</p> <p>e. Summarizing the client's mental health progress over a series of structured treatments.</p> <p style="text-align: center;">21. Developing a Long-Term CBT-H Treatment Plan</p> <p>Therapists create a long-term treatment plan that includes structured session progression and client scaling to monitor healing.</p> <p style="text-align: center;">22. Mentoring and Coaching based on CBT-H</p> <p>Mentoring and coaching can be scheduled regularly, such as daily, bi-daily, or as agreed between therapist and client.</p> <p style="text-align: center;">23. Utilizing Analogies and Symbols in CBT-H</p> <p>Therapists use analogies and symbolic concepts to provide new insights and awareness for clients and their families.</p>	
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	<p style="text-align: center;">24. Enhancing Self-Care for the Therapist</p> <p style="text-align: center;">Therapists are encouraged to maintain balanced self-care for their well-being.</p>	
<p>PHASE / STAGE IN HELPING PROCESS</p>	<p>Based on CBT-H, there are six stages of the helping process that can be applied in psychology, counseling, or CBT-H guidance sessions. The description of each stage is as follows:</p> <ol style="list-style-type: none"> 1. Building a therapeutic relationship 2. Exploration of the problem <ol style="list-style-type: none"> a. Identifying current issues b. Analyzing the client's past history c. Exploring the client's strengths and protective factors Scaling 1: Client's Problem Severity (1-10) 3. CBT-H Analysis <ol style="list-style-type: none"> a. Analyzing the thought-emotion-behavior schema b. Experimenting with new thought-emotion-behavior patterns 4. Treatment Plan: Techniques and Tasks A and B <ol style="list-style-type: none"> a. Cognitive Techniques and Tasks b. Behavioral Techniques and Tasks c. Homework Assignments 	<p>CBT focuses primarily on:</p> <ol style="list-style-type: none"> 1. Analyzing the problems 2. Lessening what causes suffering 3. Working on clients' weaknesses 4. Getting away from problems <p>CBT included these steps:</p> <ol style="list-style-type: none"> 1. Identifying troubling situations or conditions in life. 2. Become aware of clients' thoughts, emotions and beliefs about these problems. 3. Identify negative or inaccurate thinking 4. Reshape negative or inaccurate thinking <p>CBT generally considered short-term therapy – ranging from about five to 20 sessions.</p>

	<p>5. Re-scaling the Client's Problems</p> <p>Scaling 2: Re-scaling of the client's problem severity (1-10)</p> <p>6. Termination and follow-up</p> <ol style="list-style-type: none"> a. Duration of Follow-up Sessions b. Referring to Additional Expertise (if needed) c. Meetings with Family Members/Significant Individuals 	
<p>COGNITIVE AND BEHAVIORAL TECHNIQUE AND TASK</p>	<p>Based on CBT-H, there are 95 techniques and tasks, including 50 cognitive techniques and tasks, and 45 behavioural techniques and tasks. These provide therapists and clients with a wider range of options to explore and heal from various issues.</p> <p>50 CBT-H Cognitive Techniques and Tasks</p> <ol style="list-style-type: none"> 1. Analyzing Cognitive Distortions 2. Cognitive Restructuring 3. Developing Alternative Problem-Solving Solutions 4. Psycho-Education 5. Separating "I" from My Self 6. I Love Myself 7. Writing a Journal 8. Thought Experiments 9. Setting New Thoughts: Life is a Gift 10. Controlling Over-thinking 11. Stop Self-Sabotage: Towards Gratitude and Praise 12. Cognitive Rehearsal Based on Image Exposure 13. Positive Bias 	<p>Cognitive techniques</p> <ol style="list-style-type: none"> 1. Identifying maladaptive thoughts Recognizing automatic, dysfunctional thoughts that arise in response to specific situations. 2. Challenging maladaptive thoughts Using Socratic questioning to examine and challenge distorted thinking patterns and replace them with more balanced thoughts 3. Thought records A key tool in CBT to document situations, thoughts, and feelings and evaluate their accuracy. Includes both three-column (for identification) and seven-column (for challenging) versions. 4. Cognitive restructuring Helping patients modify distorted thoughts by gathering evidence for and against their thoughts. <p>Behavioral techniques</p> <ol style="list-style-type: none"> 1. Behavioral activation Increasing engagement in positive, rewarding activities to improve mood, particularly for those with depression. 2. Problem solving

	<ol style="list-style-type: none"> 14. Focus on Five Joys 15. Socratic Dialogue 16. Gratitude Journal 17. Positive Thinking Journal 18. Gratitude Despite...But 19. Hi, Hi and Bye, Bye 20. I am Enough 21. Problem Analysis Like a Pizza 22. Don't Go Beyond Seven (7) 23. 'Don't Judge' and Don't Get Involved in Others' Stories 24. WDEP based on CRTT 25. Reframe Negative Thoughts – 'I Understand... But' 26. Visualization of the Most Beautiful Part of Your Life 27. Cost-Benefit Analysis 28. Finishing the Script to the End 29. Writing Personal Statements to Overcome Negative Thoughts 30. Dream Analysis 31. Rewriting Nightmare Scripts 32. Releasing Emotional Colors 33. Building Dreams and a 'Dream Board' 34. Enjoying Without Owning 35. Be Happy First to Succeed 36. Reconciling the Good and Bad of Life 37. New Sleep-Wake Cycle 38. Forgiving Yourself 39. Forgiving the Unforgivable 40. Making Peace with Nature 41. Making Peace with the 'Inner Child' 42. Letting Go of Negative Past 43. Three-Petal Love (Point Meets Point) 44. BFS Formula 45. ASA Awareness Formula (What, Cause, and Effect) 46. STRL Formula 47. JNT Formula 	<p>Teaching patients systematic approaches to resolving personal issues by considering multiple solutions and their pros and cons.</p> <ol style="list-style-type: none"> 3. Relaxation techniques Includes deep breathing, progressive muscle relaxation, and guided imagery to reduce anxiety and tension. 4. Exposure tasks Encouraging patients to face and gradually become desensitized to feared situations to reduce avoidance behaviors. 5. Homework assignments Assignments like maintaining a thought record, practicing relaxation techniques, or engaging in specific behaviors to reinforce learning outside therapy sessions.
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	<p>48. Nine (9) Processes of Love Acceptance Therapy (LAT) for Well-being</p> <p>49. KBSM Formula</p> <p>50. Total Surrender</p> <p>45 BT-H Behavioural Techniques and Tasks</p> <p>1. 10 Breathing Methods</p> <p>2. Basic or Natural Breathing</p> <p>3. Contemplative Breathing</p> <p>4. 15 Minutes for Myself: 'What Should I Do Before I Die?'</p> <p>5. Three Magic Numbers</p> <p>6. Seeking Help and Social Support</p> <p>7. Identifying and Addressing Triggers</p> <p>8. Positive Self-Talk: Think, Feel, and Act Positively</p> <p>9. Enjoying Four Awareness: 'Here and Now'</p> <p>10. Rescheduling Pleasurable Activities (Boosting Dopamine, Serotonin, Oxytoxin, and Melatonin)</p> <p>11. The Power of Morning and The Power of Night</p> <p>12. Behavioural Experiments</p> <p>13. Handling Urges Calmly</p> <p>14. Pain Stimulus – Stop</p> <p>15. Systematic Desensitization</p> <p>16. Bibliotherapy</p> <p>17. Grounding 5-4-3-2-1</p> <p>18. Payback or Repay</p> <p>19. 10 Strategies for Dealing with Toxic and Narcissistic People</p> <p>20. Empty Chair Technique</p> <p>21. Trigger Exposure and Coping Strategies</p> <p>22. Skills for Releasing Trauma and Past Pain</p> <p>23. Five (5) Steps to Control Anger</p>	
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	<ol style="list-style-type: none">24. Best Time for Therapy – Moving Forward25. Brisk Walking in Harmony with Nature26. Self-Monitoring27. Problem-Solving Therapy28. Praying with Gratitude and Enjoying Life29. Social Skills Training30. Assertiveness Training31. Broken Down Tasks32. Progressive Muscle Relaxation33. Autobiography34. Self-Cleansing in Life Activities35. Change Through Behavioural Repetition36. Tips to Avoid Passing Mental Health Problems to Loved Ones or Family Members37. Modelling38. Rewards and Punishments39. Healthy and Balanced Diet40. Religious and Spiritual Practices41. Managing Sleep Disorders and Insomnia42. Identifying Three Early Symptoms to Address43. Physical Exercise Practice44. Making a Personal Contract45. Soul Cleansing Techniques	
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